

THE CSTE WASHINGTON REPORT

Marcia S. Mabee, MPH, PhD
Editor
11479 Waterview
Reston, Virginia 20190
mmabee@ix.netcom.com
703-709-3001

November 15, 2002

Volume 6, Number 21

INSIDE THIS ISSUE

...SHORT LAME-DUCK PASSES JANUARY CR AND HOMELAND SECURITY BILL

...HOMELAND SECURITY BILL CONTAINS SMALLPOX LIABILITY PROTECTIONS

...CONGRESS REORGANIZES FOLLOWING ELECTION

...HHS AWARDS \$85 MILLION TO ELIMINATE HEALTH DISPARITIES

...CDC PROMOTES CAMPAIGN TO PREVENT ANTIMICROBIAL RESISTANCE IN DIALYSIS PATIENTS

...OVERALL SYPHILIS RATE RISES FOR FIRST TIME SINCE 1990

...HHS ANNOUNCES CREATION OF MEDICAL RESERVE CORPS UNITS

EDITOR'S NOTE: Congress reconvened this week in Washington following the mid-term elections to act on a select few pieces of legislation and to pass a continuing resolution to keep the government running into the New Year. The election results change the composition and leadership of the Senate, increasing the President's power in the Congress and for many aspects of his legislative agenda. Although many public health groups has hoped for action on FY 03 appropriations bills in the lame-duck Congress, prospects for such action were reduced by the election results.

The CSTE Washington Report is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S. Regulations cited can be accessed via <http://www.gpo.gov> Legislation cited can be accessed at <http://www.thomas.loc.gov>

SHORT LAME-DUCK PASSES JANUARY CR AND HOMELAND SECURITY

BILL – The 107th Congress reconvened on 11/12, but the House is expected to permanently adjourn today (11/14) and the Senate tomorrow. The House has passed another Continuing Resolution (H.J. Res. 124) which will fund all non-defense government programs, including all public health programs, at FY 2002 levels until January 11th. While Senator Byrd may filibuster the legislation in the Senate, most observers expect the measure to also pass in the Senate. There are expectations that a strong effort will be made in the interim weeks to resolve all differences between the House, Senate and Administration and pass an omnibus appropriations bill in the four days preceding the January 11th deadline when the new 108th Congress will officially convene. Included in the latest House CR is authority to transfer \$500 million in funding to the new Homeland Security Department. The House also passed a compromise version of legislation establishing the new Homeland Security Department (H.R. 5710). Within HHS, only the following entities are transferred to the new Department: Office of Emergency Preparedness, National Disaster Medical System, Metropolitan Medical Response System, and the Strategic National Stockpile. The Office of Public Health Emergency Preparedness stays within DHHS, as well as all of CDC's Bioterrorism grants. In addition, the Secretary of HHS is given authority to set priorities and goals for, "...all public health-related activities to improve State, local and hospital preparedness and response to chemical, biological, radiological, and nuclear and other emerging terrorist threats carried out by the DHHS." The DHHS Secretary must carry out these activities employing a coordinated strategy in collaboration with the new Homeland Security Secretary. The Senate is expected to pass the compromise legislation before it adjourns.

HOMELAND SECURITY BILL CONTAINS SMALLPOX LIABILITY

PROTECTIONS – The House-passed, compromise Homeland Security bill (H.R. 5710) contains liability protections for all those administering small pox vaccine, or the like, under a declared emergency. Covered individuals and entities would receive U.S. Justice Department defense in the case of suits brought by injured parties, as long as defendants cooperate fully with Justice Department officials. However, the provision does not address concerns about sources of compensation for missed work, adverse reactions requiring treatment, and other costs that states would incur with widespread vaccination. The smallpox liability provisions are found in Section 304 of H.R. 5710.

CONGRESS REORGANIZES FOLLOWING ELECTION

-- With election results ushering in an undisputed take over of the Senate by Republicans, and gains in the House the faces of Congressional Leadership and Committee Chairs are changing. In the Senate, Trent Lott (R-MS) will become Majority Leader displacing Sen. Tom Daschle (D-SD). Senator Domenici (R-NM) will relinquish his right to once again Chair the Senate Budget Committee, as he has done for so many years in the past, to Chair the Energy and Natural Resources Committee. Sen. Nickles (R-OK) will take over the Budget Committee and is expected to bring a considerably more conservative flavor to the Committee's work

stressing tax and spending cuts. Senator Nickles' addition creates a solid budget hawk triumvirate with Mitch Daniels at OMB and Jim Nussle (R-IN) in the House that will create significant challenges to public health groups seeking increased funding or prevention of cuts to public health programs. Senator Judd Gregg (R-NH) will take over the Senate Health, Education, Labor and Pensions Committee (HELP) from Sen. Ted Kennedy (D-MA). Senator Frist (R-TN) is expected to move to the Finance Committee, but is unlikely to relinquish Chairmanship of the HELP Public Health Subcommittee. In the House, Rep. Hastert (R-IL) will remain Speaker, but Tom DeLay (R-TX), a tough, conservative will become Majority Leader and his closest allies will assume most of the other leadership roles. The Republican Conference in the House will vote today on whether or not to adopt new rules on selecting Subcommittee Chairs of the Appropriations Committee. Reversing age-old seniority rules, the new rules would subject candidates to a vote by the Steering Committee (made up of 25 Members from leadership and geographically representative Districts) or the full conference. This is being protested by Appropriations Chairman Bill Young and other appropriators as unfairly singling out the Appropriations Committee for this treatment. Public health advocates are worried that if the new rules prevail, Moderates like Rep. Ralph Regula (R-OH), who currently Chairs the Labor-HHS-Education Subcommittee, could lose their positions to fiscal and social conservatives.

HHS AWARDS \$85 MILLION TO ELIMINATE HEALTH DISPARITIES--HHS Secretary Tommy G. Thompson November 1 announced the awarding of \$85 million to support the elimination of health disparities among racial and ethnic minority communities. The awards further augment the department's Initiative to Eliminate Racial and Ethnic Disparities in Health and highlights strategies discussed during the July 2002 national health disparity summit.

"African-Americans, Hispanics, Native Americans, Alaska Natives, and Asians and Pacific Islanders suffer an unequal burden of death and disease, despite improvements in the overall health of the general population over the past decade," Secretary Thompson said. "These awards demonstrate our commitment to making real progress to eliminate health disparities in this country."

Specifically, the National Institutes of Health's (NIH) National Center on Minority Health and Health Disparities (NCMHD) provided \$74.5 million distributed among a number of its programs -- the Centers of Excellence Program, the Endowment Program, the Research Infrastructure in Minority Institutions Program, and Loan Repayment Programs. In addition, HHS' Office of Minority Health (OMH) awarded 65 grants totaling \$10.5 million to support community and state-based efforts to eliminate HIV/AIDS and other health disparities in racial and ethnic minority communities. Of this amount, \$4.6 million is supported by funding from the Minority AIDS Initiative.

The NCMHD was designated by Congress to lead, coordinate, support and assess the NIH research effort to reduce and ultimately eliminate health disparities as they affect racial and ethnic communities and medically-underserved individuals.

"To eliminate health disparities, all of us at NIH must continue to work together with our many research partners across the country to build a more collaborative biomedical and behavioral research enterprise of institutions and individuals from all populations that will benefit all Americans," NIH Director Dr. Elias Zerhouni said.

"These programs lay the foundation for our nation's future efforts to eliminate the health disparities that plague so many populations within our country," said John Ruffin, Ph.D., director of NCMHD. "If we are to solve these problems, we must be more inclusive in our research endeavors."

The announcement involves the following fiscal year 2002 awards from NCMHD:

* Endowment Program awards totaling \$42.8 million have been made to 14 institutions for the purpose of facilitating minority health disparities research and other health disparities research. These institutions are all Centers of Excellence as defined by Section 736 of the Public Health Service Act. The grants will almost triple the endowment at some institutions and help to enhance and build their capacity for minority health and other health disparities research.

* Awards totaling \$19 million have been made to 26 eligible biomedical and behavioral research institutions under the Centers of Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training (Project EXPORT). These awards will support health disparities research, with 20 institutions receiving funds to begin developing health disparities centers and six other institutions receiving planning grants. The program aims to build research capacity at designated institutions enrolling a significant number of students from health disparity populations and to promote participation and training in biomedical and behavioral research among health disparity populations. The program attracts broad participation among institutions and consortia with varying levels of research infrastructure.

* Awards totaling \$5.6 million have been made to six qualified biomedical and behavioral research institutions under the Research Infrastructure in Minority Institutions Program. This program helps institutions that enroll a significant number of students from minority health disparities population and want to enhance their capacity and competitiveness to conduct biomedical or behavioral research. The program assists non-doctoral degree institutions to develop their research infrastructures, primarily through collaborations with research-intensive universities.

* Awards totaling \$7.1 million have been made to 153 qualified health professionals under the Loan Repayment Program, which are designed to increase the number of individuals conducting clinical or health disparities research, including researchers from health disparities populations.

The OMH grants announced are as follows:

* *Health Disparities in Minority Health Grants:* Awards totaling \$1 million were made to fund 20 small-scale, community-based projects in 13 states that will address health disparities in minority communities. The grants will strengthen efforts by community-based, faith-based, and tribal organizations to reduce high-risk behaviors such as tobacco use, physical inactivity, or poor eating habits, as well as improvements in access to health care. Projects aimed at addressing HIV/AIDS will also aim to increase counseling and testing services and improve access to care for "hardly reached" populations such as youth, women at risk, men having sex with men, injection drug users, persons who are mentally ill, and persons who are incarcerated.

* *Minority Community Health Coalition Demonstration Grants, HIV:* Awards totaling \$2.5 million were made to fund 17 projects in nine states to combat HIV/AIDS in minority communities. Each grant recipient is the lead agency for a minority-serving, community-based coalition of three or more organizations. Each coalition must include at least one organization with extensive experience in HIV/AIDS, one AIDS service organization, and one organization with no experience in HIV/AIDS. The grants are aimed at increasing community understanding of HIV/AIDS and improving access to HIV/AIDS counseling, testing, and treatment services. They are intended to promote integrated community responses, address sociocultural, linguistic, and other barriers to effective HIV prevention and services, and develop HIV/AIDS education and outreach efforts that will increase the number of individuals seeking and accepting treatment.

* *State and Territorial Minority HIV/AIDS Demonstration Grants:* Awards totaling \$2.4 million have been made to fund offices of minority health in 14 states, Puerto Rico, and the U.S. Virgin Islands to demonstrate the role these agencies can play in coordinating statewide responses to HIV/AIDS. Grant recipients will identify HIV/AIDS prevention and service needs among minority communities; improve linkages between community-based organizations and state entities; assist in coordinating Federal resources going into high-need minority communities; and facilitate access to federal technical assistance available to community-based organizations.

* *Technical Assistance and Capacity Development Grants for HIV/AIDS:* Awards totaling \$4.6 million were made to support development of effective and durable service delivery among minority-serving organizations involved in HIV/AIDS prevention and treatment. The nine community-based organizations and three health departments in eight states and the District of Columbia that received grants will provide administrative and program-related technical assistance and develop mentoring relationships with minority-serving community organizations who are working to reduce high-risk behaviors, improve access to health care, and increase counseling and testing services for HIV/AIDS.

"These grants will strengthen local efforts by assisting a broad range of minority-serving groups working in communities highly affected by HIV/AIDS, cancer, diabetes, and a host of other issues for which we have documented health disparities," Secretary Thompson said. "These funds will support the hard work and creativity of community

organizations, help our community partners gain access to expert technical assistance on management and program issues, and help coordinate community-wide and state-wide responses to health disparities."

The grants were awarded under four OMH programs -- the Health Disparities in Minority Health Grant Program, HIV/AIDS; the State and Territorial Minority HIV/AIDS Demonstration Grant Program; the Technical Assistance and Capacity Development Grant Program for HIV/AIDS; and the Minority Community Health Coalition Demonstration Grant Program, HIV/AIDS.

CDC PROMOTES CAMPAIGN TO PREVENT ANTIMICROBIAL RESISTANCE IN DIALYSIS PATIENTS --The Centers for Disease Control and Prevention (CDC) announced November 1, during the American Society of Nephrology conference, a campaign aimed at nephrologists to prevent antimicrobial resistance in dialysis patients.

Like the overall campaign to reduce antimicrobial resistance in healthcare settings, launched in March 2002, the component targeting nephrologists centers around four key strategies for preventing antimicrobial resistance in healthcare settings: 1) preventing infection, 2) diagnosing and treating infection effectively, 3) using antimicrobials wisely, and 4) preventing transmission of drug-resistant pathogens. Within these strategies are 12 specific action steps derived from evidenced-based guidelines and recommendations already developed by CDC and other organizations that clinicians can take now to prevent antimicrobial resistance in dialysis patients.

"Due to frequent hospitalizations, receipt of antibiotics, and exposure to bacterial infections at the vascular access site, dialysis patients have an ongoing risk for antimicrobial resistance," said Dr. Steve Solomon, director of CDC's healthcare quality promotion program. This campaign gives nephrologists 12 steps to protect their patients from this ongoing risk."

Some of the materials being developed include a slide set featuring the 12 action steps and the evidence to support them, posters, as well as a badge cards listing the 12 action steps. The campaign also features a website where nephrologist may access the 12 action steps as well as information to share with their patients.

Antimicrobial resistant infections in healthcare settings are a major threat to patient safety. Each year in the United States an estimated 2 million hospitalized people acquire infections that result in more 90,000 deaths. More than half of these infections are caused by bacteria that are resistant to at least one of the antimicrobials commonly used to treat those infections, according to CDC.

OVERALL SYPHILIS RATE RISES FOR FIRST TIME SINCE 1990-- Despite continued declines among African Americans and women of all races, overall rates of primary and secondary syphilis have increased slightly for the first time in more than a decade, according to a new report from the Centers for Disease Control and Prevention

(CDC). The report, published in the November 1 issue of CDC's Morbidity and Mortality Weekly Report, found that cases of primary and secondary syphilis in the United States rose by 2 percent between 2000 and 2001 (5,979 cases in 2000 to 6,103 cases in 2001). The overall syphilis rate in the United States increased from 2.1 per 100,000 people to 2.2 per 100,000 people, the first such increase since 1990.

The report, by CDC epidemiologist Dr. James Heffelfinger, attributed the slight increase to syphilis diagnoses among men. Syphilis rates among U.S. men rose by 15.4 percent between 2000 and 2001, an increase that coincided with outbreaks among gay and bisexual men in several U.S. cities.

These increases contrast with significant and sustained progress in syphilis elimination in populations and areas where syphilis rates are highest—among African Americans and individuals living in the South. Syphilis cases among African Americans declined by 9.9 percent between 2000 and 2001 (3.5 percent and 18.1 percent among African-American men and women, respectively). Additionally, although the South continues to have the largest proportion of syphilis cases (56 percent of total U.S. cases), there was an 8 percent decline in syphilis rates in this region. Syphilis cases among women overall declined by 19.5 percent. These declines were consistent with those noted every year since CDC began syphilis elimination efforts in 1998, targeting groups and regions at highest risk.

"These data show that a careful, concerted effort to eliminate this disease can work. Ultimately, our success will depend on the continued and careful targeting of our prevention resources to those areas and populations most affected by syphilis, including gay and bisexual men," said Dr. Ronald O. Valdiserri, deputy director of CDC's HIV, STD and TB prevention programs.

CDC officials said that increases in syphilis among gay and bisexual men of all races pose new challenges to U.S. efforts to eliminate the disease. Syphilis cases among white and Latino men increased by 63 percent and 50 percent, respectively, from 2000 to 2001. Additionally, although African-American men were the only men in any racial or ethnic group to experience a decline, the 3.5 percent decline among African-American men represents a significant slowing in the large decline reported last year (15 percent decline from 1999 to 2000).

The report indicates that the increases seen among men are associated with recent syphilis outbreaks among gay and bisexual men of all races and highlights outbreaks reported in Chicago, Los Angeles, New York City, San Francisco, Seattle and Miami. Health officials said that because the risk behaviors for syphilis and HIV are similar, and because syphilis lesions increase risk of HIV transmission between two and five times, outbreaks among gay and bisexual men could also signal a potential increase in HIV transmission.

"Our challenge—and the challenge for gay and bisexual communities across America—is to underscore the connections between syphilis and HIV, and to renew the kind of

commitment these communities brought to HIV prevention in the early years of the epidemic," Valdiserri said.

CDC is actively investigating the factors that have made some gay and bisexual men particularly vulnerable to syphilis, working with community organizations and local health departments on research and health interventions to understand current trends and avoid future outbreaks. CDC also is working to improve national STD surveillance to include information on risk behavior, including same-gender partners.

In recent years, CDC has dispatched rapid response teams to help local health departments control outbreaks; helped develop Internet interventions to alert men to the dangers of syphilis transmission and the need for testing; funded community health campaigns; intensified HIV prevention efforts; and used mobile vans and other innovative strategies to make syphilis testing available in predominantly gay neighborhoods, bathhouses, HIV clinics and community health centers.

The CDC report also highlighted syphilis trends among counties across the United States. The report found that half of the nation's syphilis cases were concentrated in 20 counties and one independent city (see attached table). Overall, 80 percent of all U.S. counties did not report a single case of primary or secondary syphilis in 2001. Despite the increase in syphilis cases among gay and bisexual men, CDC officials said that the national goal of eliminating syphilis by 2005 (defined as 90 percent of counties syphilis-free) remained in effect.

"We cannot and should not accept a rise in syphilis cases in any population as the 'way things are,'" said Valdiserri. "We're beating this disease in the communities most disproportionately affected by syphilis, and we have to continue our efforts to achieve and maintain the elimination of this disease."

HHS ANNOUNCES CREATION OF MEDICAL RESERVE CORPS UNITS --HHS Secretary Tommy G. Thompson announced 42 grants totaling \$2 million to community-based organizations to begin building local Medical Reserve Corps (MRC) units that will help local communities prepare and respond in the event of a public health emergency. The local MRC units are comprised of local citizens, volunteers who are trained to respond to health crises. The volunteers' responsibilities will include emergency response, logistical planning, records keeping, assisting in public health and awareness campaigns and public communications.

"The Medical Reserve Corps gives Americans an opportunity to help out in their community. All of us have talents and skills and there is no better place to use those talents than in service to the local community," Secretary Thompson said. "These awards will help empower our communities to plan and establish local citizen-centered volunteer Medical Reserve Corps units which will include not only physicians and nurses but also a broad range of skills in health and other fields."

"The USA Freedom Corps was created to enable more Americans to make a difference in their communities," said John Bridgeland, Assistant to the President for USA Freedom Corps. "Through the Medical Reserve Corps, health care professionals will have new opportunities to contribute to the safety and well-being of their communities through their volunteer service."

Each local MRC unit will be established, activated, and operated by the local community, in concert with established emergency response and public health systems. They will be an important additional resource to address health problems that a local community might incur because of a natural disaster or other catastrophic event. In addition, volunteers may help with local health campaigns -- such as immunizations -- and health education and awareness in the community throughout the year.

The MRC initiative will provide the local organizational framework, including training, locally agreed procedures and processes, and partnership building among local organizations, including local government agencies, and non-governmental organizations (e.g., faith-based groups, hospitals, health professions organizations, the American Red Cross, academic institutions and others).

President Bush, in his State of the Union address in January 2001, announced that he was launching the USA Freedom Corps to foster an American culture of citizenship, service and responsibility. He formed the Citizen Corps initiative, of which the MRC is a part, to give individuals the opportunity to serve their neighbors by making our communities safe from threats of all kinds.

The MRC is led by the Office of the Surgeon General in HHS. For more information including, the MRC guidance document "*Medical Reserve Corps -- A Guide for Local Leaders*," information on training resources, and the monthly MRC newsletter please log onto www.medicalreservecorps.gov or call the Office of the Surgeon General at (301) 443-4000.